

MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Continued Stay Review	
Policy Number: CTP 08	Standards/Statutes: ARM 37.27.130
Effective Date: 1/1/02	Page 1 of 3

PURPOSE: To ensure the appropriateness for the patient to remain in level III.7 care and the on going evaluation of the treatment planning process.

POLICY: Each patient's case will be reviewed for appropriateness for continued stay at the medically monitored inpatient level of care.

PROCEDURE:

- I. In conjunction with the treatment process, at approximately 10-20 days and again at 25-30 days, a continued stay review will be done to assure quality of treatment planning and appropriate level of care for each patient. A team approach under the supervision of the Clinical Supervisor or his designee will be utilized with the patient in attendance. A record of the continued stay review will be completed by the counselor; using the continued stay review form that will be signed by the patient and the team members present. The copy will be retained in the patient's file.
- II. Justification for continued stay at the level III.7 will be based on ASAM dimensional criteria.
- III. The treatment team will evaluate the progress the patient has made towards the reduction of the identified continued problems. The patients will be evaluated based on what *stage of change* and what *learning stage* they are in with the identified problems in each dimension. If the goals and objectives are not being met, the problem will be identified and the treatment plan modified to assist the patient with accomplishing the goals.
- IV. The treatment plans are updated to include the identified problems, goals, objectives, and treatment strategies to accomplish goals.
- V. The continued stay review will include a multi-disciplinary team approach for problem resolution and establishing of new goals and objectives.

- VI. If the continued stay indicates that the patient is no longer appropriate for level III.7 care, the patient will be referred to the level of care better suited to their needs.

Stages of change

- Pre-contemplation: the patient has not yet considering the possibility of change although others are aware of the problem. (ACTIVE RESISTANCE TO CHANGE)
- Contemplation: the patient is ambivalent, undecided, vacillating between whether they really have a problem or need to change; the desire to change exists simultaneously with resistance to it.
- Preparation: Takes the patient from decisions made in contemplation stage to the specific steps to be taken to solve the problem in the action stage. There is an increasing confidence in the decision to change.
- Action: Specific actions intended to bring about change. There is an overt modification of behavior. This phase requires the greatest commitment of time and energy.
- Maintenance: The patient sustains the changes accomplished by previous action and prevent relapse.
 - Learning Stages of Understanding
 - Absorption/identification
 - Integration/insight
 - Expression/Demonstration

For any reasonable approximation of full and complete learning to have occurred, all three stages are necessary.

- Absorption/ Demonstration
Identification/absorption is the act of taking the external and bringing it into the internal. This may involves the day-to-day experiences of life. Absorption/identification is becoming aware of a problem.
- Integration/ insight
Integration/ insight is an internal process, where the knowledge recently gained is integrated with what is already in the mind. The patient begins to see how his chemical use or co-occurring disorder has affected their lives. The necessity for the stage of integration/insight is one reason why the learning of anything of internal value generally takes time.
- Expression/ Demonstration
Expression/demonstration occurs in taking that information which one has both Absorbed and Integrated, and then demonstrating change in behavior. This is the action stage.

Approved By: _____ 07/08/03
David J. Peshek, Administrator Date